

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 5
 For use by Members, officers, and employees

2011 MAY 16 AM 10:01

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

Timothy Alan Huelskamp

202-225-2715

HAND DELIVERED

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status☒ Member of the U.S. House of RepresentativesState: KSDistrict: 1☐ Officer Or Employee

Employing Office: _____

Report Type☒ Annual (May 15)☐ Amendment☐ Termination

Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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SCHEDULE I - EARNED INCOME

Name Timothy Alan Huelskamp

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of Kansas	State Senator	\$21,000
Tim Huelskamp Farms	Farming Income	\$5,794

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Alan Huelskamp

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Gray County Farm SW1/4 30-29-27	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
Vanguard Mutual Fund 500 Index Fund Investor 1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Vanguard Mutual Fund 500 Index Fund Investor 2	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Waddell & Reed (WR) Ivy Dividend Opportunities	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
WR Advisors Asset Strategy	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
WR Advisors Dividend Opportunities	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Timothy Alan Huelskamp

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WR Advisors Value	\$1,001 - \$15,000	NONE	
WR Advisors Vanguard	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
WR Ivy Dividend Opportunities	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
WR Ivy Global Natural Resources A	\$1,001 - \$15,000	NONE	
WR Ivy Global Natural Resources C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
WR Ivy International Growth	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
WR Ivy Science and Technology	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200
WR Ivy Small Cap Growth	\$1,001 - \$15,000	NONE	
WR Ivy Value C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200

SCHEDULE VIII - POSITIONS

Name Timothy Alan Huelskamp

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political affiliate; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
State Senator	Kansas State Senate

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees	HAND DELIVERED Page 1 of 9 OFFICE OF CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
Lynn M. Jenkins (Full Name)		202-225-6601 (Daytime Telephone)	2011 MAY 11 PM 1:50 OFFICE OF CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>KS</u> District: <u>2</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination		
			Termination Date: _____

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lynn M. Jenkins

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or		BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
DC1	529 ESA - Learning Quest 500 Index	\$15,001 - \$50,000	None	NONE	P
DC2	529 ESA - Learning Quest Total Growth Index	\$15,001 - \$50,000	None	NONE	P
	Allianz NFJ Divident Value Fund (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
	Fidelity Contrafund (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
	American Funds Growth Fund R5 (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lynn M. Jenkins

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Baron Growth Fund (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
American Funds Capital World Growth & Income Fund R5 (part of Kansas Public Employees 457 plan)	\$15,001 - \$50,000	None	NONE	
Kansas Public Employees Retirement System (1)	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
Vanguard Prime Money Market Fund (VMMXX)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Vanguard 500 Index Fund Admiral Shares (VFIAX) (formerly Vanguard 500 Index Fund Investor Shares (VFINX))	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	E
Vanguard PRIMECAP Fund Investor Shares (VPMCX)	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
Vanguard Total International Stock Index Fund (VGTSX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Vanguard Windsor II Fund Investor Shares (VWNFX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
AIM Sector Funds Invesco Van Kampen Capital Growth Fund Class A (ACPAX) (name change)	\$1,001 - \$15,000	None	NONE	
Berkshire Hathaway Class B (BRK/B)	\$1,001 - \$15,000	None	NONE	
British Petroleum PLC Sponsored ADR (BP)	None	DIVIDENDS	\$1 - \$200	S
Cresud SACIFyA (CRESY)	None	CAPITAL GAINS	\$1,001 - \$2,500	PS

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lynn M. Jenkins

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	Healthcare Services Group (HCSG)	\$1,001 - \$15,000	None	NONE	P
	iShares Silver Trust (SLV)	None	CAPITAL GAINS	\$201 - \$1,000	S
	iShares Turst S&P Global Utilities Index Fund (JXI)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Johnson & Johnson (JNJ)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	Kodiak Oil & Gas Corp (KOG)	\$1,001 - \$15,000	None	NONE	P
	L & L Energy (LLEN)	\$1,001 - \$15,000	None	NONE	P
	Loews Corp (L)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Market Vectors ETF Trust Junior Gold Miners (GDXJ)	None	CAPITAL GAINS	\$201 - \$1,000	S
	McDonald's Corp (MCD)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Perma-Fix Environmental Services (PESI)	\$1,001 - \$15,000	None	NONE	
	ProShares Trust ProShare UltraShort MSCI Emerging Market FD (EEV)	\$1,001 - \$15,000	None	NONE	
	ProShares Trust ProShare UltraShort 500 Fund (SDS)	\$1,001 - \$15,000	None	NONE	
	San Juan Basin Royalty Trust (SJT)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	Target Corp (TGT)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Lynn M. Jenkins

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	Teva Pharmaceutical Industries Limited ADR (TEVA)	None	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S
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SCHEDULE IV - TRANSACTIONS

Name Lynn M. Jenkins

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
DC1	529 ESA - Learning Quest 500 Index	P	N/A	MONTHLY	\$1,001 - \$15,000
DC2	529 ESA - Learning Quest Total Growth Index	P	N/A	MONTHLY	\$1,001 - \$15,000
	Vanguard 500 Index Fund Admiral Shares (VFIAX) - formerly Vanguard 500 Index Fund Investor Shares (VFINX)	E	N/A	12-06-10	\$1,001 - \$15,000
	British Petroleum PLC Sponsored ADR (BP)	S	No	05-04-10	\$1,001 - \$15,000
	Cresud SACIFyA (CRESY)	P	N/A	09-02-10	\$1,001 - \$15,000
	Cresud SACIFyA (CRESY)	S	Yes	10-29-10	\$1,001 - \$15,000
	Healthcare Services Group (HCSG)	P	N/A	11-23-10	\$1,001 - \$15,000
	iShares Silver Trust (SLV)	S	Yes	10-29-10	\$1,001 - \$15,000
	Johnson & Johnson (JNJ)	P	N/A	09-02-10	\$1,001 - \$15,000
	Kodiak Oil & Gas Corp (KOG)	P	N/A	11-23-10	\$1,001 - \$15,000
	L & L Energy (LLEN)	P	N/A	11-23-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Lynn M. Jenkins

Page 7 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	Market Vectors ETF Trust Junior Gold Miners (GDXJ)	S	Yes	09-02-10	\$1,001 - \$15,000
	San Juan Basin Royalty Trust (SJT)	P	N/A	05-04-10	\$1,001 - \$15,000
	Teva Pharmaceutical Industries Limited ADR (TEVA)	S	No	09-02-10	\$1,001 - \$15,000

SCHEDULE IX - AGREEMENTS

Name Lynn M. Jenkins

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Kansas Public Employees Retirement System	I am a participant in the KPERS defined benefit retirement plan.

FOOTNOTES

Name Lynn M. Jenkins

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	This entry is for my KPERS account balance, which represents my total contributions to the KPERS defined benefit plan plus interest. It is not a "defined contribution" account and there are no available investment choices.	Kansas Public Employees Retirement System

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
 For use by Members, officers, and employees

MAY 21 2011 MC

CLERK OF THE HOUSE

2011 MAY 31 PM 12:22

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Kevin Yoder (Full Name)		202-225-2865 (Daytime Telephone)	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: KS District: 3	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Termination Date:

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SCHEDULE I - EARNED INCOME

Name Kevin Yoder

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Speer & Holliday, LLP	Salary	\$3,830
State of Kansas	Salary	\$26,313
Watco Companies Inc.	Spouse Salary	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Yoder

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.		at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
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Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or					
	Commerce Bank Accounts/CD	\$1,001 - \$15,000	Interest	\$1 - \$200	
JT	Capitol Federal Bank Accounts	\$1,001 - \$15,000	Interest	\$1 - \$200	
SP	United Community Bank of Western Kentucky	\$1,001 - \$15,000	None	NONE	
	KPERS	None	None	NONE	
	Speer & Holliday, LLP Olathe, KS Law Firm	Indefinite	NA	NA	
	Kevin W Yoder, PA Olathe, KS Corporation	Indefinite	NA	NA	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Kevin Yoder

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SP	Cerner 401 K Plan	\$15,001 - \$50,000	None	NONE	
SP	(Cerner) --Spartan 500 Index	\$1,001 - \$15,000	None	NONE	
	(Cerner) --AF Growth of Amer R5	\$1,001 - \$15,000	None	NONE	
	(Cerner) --Cerner Corp Stock	\$1,001 - \$15,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Kevin Yoder

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
SP	US Department of Education	January 2005	Student Loan	\$50,001 - \$100,000
	US Department of Education	May 2002	Student Loan	\$15,001 - \$50,000
SP	Sallie Mae, Inc.	January 2005	Student Loan	\$15,001 - \$50,000
JT	Citi Group	December 2010	Revolving Charge Account	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Kevin Yoder

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	KU Law School Board of Governors
Partner	Speer & Holliday, LLP, Olathe, KS
President	Kevin W. Yoder, PA

SCHEDULE IX - AGREEMENTS

Name Kevin Yoder

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
January 2010	State of Kansas	Pension annuity for service in state legislature

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

2011 MAY 23 AM 11:47

U.S. HOUSE OF REPRESENTATIVES

MC MAY 16 2011
 (Office Use Only)

Name: *MICHAEL RICHARD POMPEO*

Daytime Telephone: *316/612-9947*

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KANSAS</u> District: <u>4</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes , complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes , complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes , complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes , complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes , complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes , complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes , complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes , complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes , complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Source

Type

Amount

Examples:

Keene State

State of Maryland

Civil War Roundtable (Oct. 2nd)

Ontario County Board of Education

Approved Teaching Fee	
-----------------------	--

\$6,000

Legislative Pension

\$9,000

Spouse Speech

\$1.000

Spouse Salary

NA

Searex Pumping Units International, Inc.

SALARIO

238,364

THE CONNAGHT GROUP LTD

NON-EMPHATIC COMPS

5,000

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
	XYZ Magazine	Article	Aug. 13, 2010	\$500
<i>N/A</i>				

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name MICHAEL RICHARD POMPEO

Page 4 of 11

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income					BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>					<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	NONE	RENT	INTEREST	CAPITAL GAINS	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
SP, DC, JT	Examples:	SP	Mege Corp. Stock													X	Royalties													S (partial)	
			Simon & Schuster																												
			1st Bank of Paducah, KY Accounts																												
			CARLISLE of WICHITA (KANSAS RETAIL clothing)		X																										
			Sunflower Wind, LLC (KANSAS WEG)	X																									(S)		
			FORM MOTOR CO. BONDS			X																X									
			NORTHWESTERN Mutual Life INS.			X																									

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name MICHAEL RICHARD POMPEO Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset						BLOCK C Type of Income				BLOCK D Amount of Income						BLOCK E Transaction
		A	C	E	G	I	K					I	III	V	VII	IX	XI	
		None	\$1,001 – \$15,000	\$50,001 – \$100,000	\$250,001 – \$500,000	\$1,000,001 – \$5,000,000	\$25,000,001 – \$50,000,000	NONE	RENT	CAPITAL GAINS	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$201 – \$1,000	\$2,501 – \$5,000	\$15,001 – \$50,000	\$100,001 – \$1,000,000	Over \$5,000,000	P, S, E
	VANGUARD (UTMA)																	
	TOTAL STK MGT																	
	BOST BUY (STK)																	
	GENERAL ELECTRIC (STK)																	
	KROGER (STK)																	
	AMERICAN CENTURY (529 PLAN)		X									X						
	JOHN HANCOCK (401(K))																	
	GROWTH TAX		X									X						
	TOTAL STK MGT		X									X						
	ALL CAP CORE		X									X						
	EMPRISE BANK (IRA)																	
	NORTHERN INVS. GORD.		X									X						
	FCI RD FD.	X										X						
	VGA ST. CORP	X										X						
	AMERICAN FED Gwth											X						
	ARTID INTL EQUITY	X										X						
	DIMENSIONAL INTL		X									X						
	T. ROWE PRICE											X						
	VGA MID-CAP TAX		X									X						
	VANGUARD PORTFOLIO MANAGER																	

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Continuation Sheet (if needed)

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Continuation Sheet (if needed)Page 7 of 11

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SCHEDULE IV— TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SP, DC, JT		Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE			A \$1-\$1,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$500,000	E \$500,001-\$1,000,000	F \$1,000,001-\$5,000,000	G \$5,000,001-\$25,000,000	H \$25,000,001-\$50,000,000	I \$50,000,001-\$100,000,000	J Over \$100,000,000
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X								
		TOTAL B.D. MKT (VGL)		X		X	1/19/10	X									
		TOTAL STR. MKT (VGL)		X			2/16/10	X									
		REIT TAX. FUND (VGL)		X			3/17/10	X									
		HIGH YLD TAX EXEMPT (VGL)		X			12/28/10	X									
		ENERGY FUND (VGL)		X			3/17/10	X									
		CITICORP (IRA)		X			12/28/10	X									
		CITIGROUP (IRA)		X			12/28/10	X									
		GOLDMAN SACHS (IRA)		X			12/28/10	X									
		WALMART (IRA)		X			12/28/10	X									
		AIG (IRA)		X			12/28/10	X									
		PRIME MONEY MKT (IRA)	X				VARIOUS		X								
		PRIME MONEY MKT	X				VARIOUS		X								
		PRIME MONEY MKT		X			VARIOUS		X								
		SUNFLOWER WIND, LLC		X			JUNE 2010	NONE (MONTHLY 3/12)									

Continuation Sheet (if needed)Page 7 of 11

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SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	N/A													

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
N/A		

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Name

MICHAEL RICHARD POWERS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
MEMBER	SOUTHERN WIND, LLC
OFFICER	Sentry Rig Equipment, Inc.

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	